**Table 12.3: Percent Prevalence of Osteoarticular Symptoms**<sup>1,2</sup>

		Age Group			Disability Level		
						ADL D	ifficulty
Symptom	Total (N=1002)	65-74 (N=388)	75-84 (N=311)	85+ (N=303)	Moderate <sup>3</sup> (N=343)	Receives No Help (N=478)	Receives Help (N=181)
Hands or wrists Pain, aching, or discomfort <sup>4</sup> Swelling with tenderness <sup>5</sup> Morning stiffness <sup>6</sup> Pain or stiffness occurred in the past month <sup>7</sup>	33.0	36.6	31.7	26.2	27.5	33.7	42.7
	16.0	19.6	15.0	8.4	13.8	13.9	26.7
	27.7	31.2	26.9	19.7	20.8	27.4	42.8
	56.9	60.4	56.7	47.6	50.2	61.5	58.3
Hips Pain, aching, or discomfort <sup>4</sup> Morning stiffness <sup>6</sup> Pain or stiffness occurred in the past month <sup>8</sup>	27.7	31.8	25.0	22.9	20.6	33.1	27.1
	20.9	23.9	20.1	13.8	13.9	25.9	21.2
	38.6	41.8	38.1	30.4	30.7	46.7	32.4
Knees Pain, aching, or discomfort <sup>4</sup> Swelling with tenderness <sup>5</sup> Morning stiffness <sup>6</sup> Pain or stiffness occurred in the past month <sup>8</sup>	45.9	52.1	43.3	34.7	36.3	51.4	50.4
	23.4	28.8	19.9	17.3	16.0	25.5	33.2
	34.5	41.1	32.6	20.5	23.5	39.8	42.7
	55.4	59.7	54.7	45.0	45.9	61.3	58.8
Feet Pain, aching, or discomfort <sup>4</sup> Swelling with tenderness <sup>5</sup> Morning stiffness <sup>6</sup> Pain or stiffness occurred in the past month <sup>8</sup>	34.1	35.9	35.8	24.2	27.9	36.8	39.5
	21.9	23.0	22.7	16.8	18.6	21.0	31.5
	21.0	24.4	20.7	11.9	14.0	23.4	28.9
	43.2	44.5	45.7	32.9	38.2	46.2	45.4
Lower back Pain <sup>4</sup>	42.2	45.8	43.4	28.6	33.2	49.0	42.1

(Women's Health and Aging Study, baseline interview, 1992-1995)

All variables have less than 1% missing data. Results are based on non-missing data.

Descriptive statistics are based on weighted data.

No ADL difficulty; disabled in two or more domains (see Chapter 1).

"Yes" response to "During the past year, have you had . . . in your . . . on most days for at least one month?"

"Yes" response to "Have you ever had any swelling with aching or tenderness in your . . . on most days for at least six

weeks?"

6 "Yes" response to "Have you ever had stiffness in your . . . when first getting up in the morning on most days for at least six weeks?"

7 "Yes" response to either "Have you had (this/any) pain in your hands or wrists during the past month?" or "Have you had (this/any) stiffness in your hands or wrists in the last month?"

8 "Yes" response to either "Have you had (this/any) pain in your . . . during the past month?" or "Has stiffness in your . . .

occurred in the past month?'